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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 556
 Registered No. 556

1. PLACE OF BIRTH

County _____ State _____
 District or Township _____ or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisca Munoz { If child is not yet named, make supplemental report, as directed.

3. Sex of Child ♀ To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 9 17 30
 Month Day Year

8. FATHER Full name Fernando Munoz 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Miami

10. Color or race Mex. 11. Age at last birthday 34 (Years) 14. MOTHER Full maiden name Benigna Munoz 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Miami

12. Birthplace (city or place) Mexico (State or country) 16. Color or race Mex. 17. Age at last birthday 25 (Years)

13. Occupation Nature of industry miner 18. Birthplace (city or place) Mexico (State or country) 19. Occupation Nature of industry hw.

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) { (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 a.m. on the date above stated.
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. A. Pulgarino

Given name added from a supplemental report _____ Address Miami
 Month, day, year _____

Registrar _____ Filed Oct. 8, 1930 C. E. Dorin
 Registrar

649-917-249

IN CASE OF DEATH OF CHILD AT BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.